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APPLICATION NO.	FILING DATE		FIDET MANED DUEST			(Date)
10/532,116	04/21/2005		FIRST NAMED INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
TITLE OF INVENTION: THREADED RING			Heinz Metzger		48499	4270
01/04/2007 HEARZIZ 05005167 10532116						
			<u>.</u>	01 FC:25 02 FC:15		769.69 Ch 769.69 Ch
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE PREV. PAID ISSUI	E FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	03/05/2007
ЕХАМГ		ART UNIT	CLASS-SUBCLASS	\neg		
SAETHER, FI		3677	411-286000			•
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).						
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (but in the part of a single firm						
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custo Number is required.			(2) the name of a single tirm (naving as a member a 2			
3. ASSIGNEE NAME AN	D RESIDENCE DATA	TO BE PRINTED ON T	THE DATENT (int	4		
PLEASE NOTE: Unles recordation as set forth	ss an assignee is identifing 37 CFR 3.11. Complete	ied below, no assignee e	data will appear on the	type) e patent. If an assigne	e is identified below, the d	Ocument has been filed for
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Co. KG						
Please check the appropriate assignee category or categories (will not be printed on the patent):						
4a. The following fee(s) are submitted						
4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Publication Fee Ole and Levite 1:						
Advance Order 4 6 60 in the Control of the Control						
The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 18-2220 (enclose an extra copy of this form).						
a. Applicant claims S	MALL ENTITY status	See 37 CFR 1 27	Dh Andianain 1			
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	Day 1/16	Tatelli and Trademark (Office.			e assignee or other party in
Authorized Signature Meny Buh					13,2007	
Typed or printed name _	ks		Registration No	28,770		
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